Fourteenth Omnibus Objection Supplement

Motors Liquidation Company, et al. Case No. 09-50026 (REG), Jointly Administered

CLAIMS TO BE DISALLOWED AND EXPUNGED									
Name and Address of Claimant	Claim #	Debtor	Claim Amount and Priority (1)	Grounds For Objection	Objection Page Reference				
ALLEN R DEAN MISSISSIPPI WORKERS' COMPENSATION INDIVUAL SELF INSURER GUARANTY ASSOCIATION C/O A SPENCER GILBERT III PO BOX 13187 JACKSON, MS 39236	69599	Motors Liquidation Company		No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5				
			Unliquidated						
CHARLES R WEATHERS MISSISSIPPI WORKERS' COMPENSATION INDIVIDUAL SELF-INSURER GUARANTY ASSOCIATION C/O A SPENCER GILBERT III PO BOX 13187 JACKSON, MS 39236	69594	Motors Liquidation Company		No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5				
			Unliquidated						
ROBYN F BOWIE MISSISSIPPI WORKERS' COMPENSATION INDIVIDUAL SELF-INSURER GUARANTY ASSOCIATION C/O A SPENCER GILBERT III PO BOX 13187 JACKSON, MS 39236	69596	Motors Liquidation Company		No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5				
			Unliquidated						
SANDRA S JONES MISSISSIPPI WORKERS' COMPENSATION INDIVIDUAL SELF-INSURER GUARANTY ASSOCIATION C/O A SPENCER GILBERT III PO BOX 13187 JACKSON, MS 39236	69598	Motors Liquidation Company		No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5				

Unliquidated

⁽¹⁾ In the "Claim Amount and Priority" column, (S) = secured claim, (A) = administrative expense claim, (P) = priority claim, (U) = unsecured claim and (T) = total claim. The amounts listed are taken directly from the proofs of claim, and thus replicate any mathematical errors on the proofs of claim. Where the claim amount is zero, unliquidated, unidentified, or otherwise cannot be determined, the amount listed is "0.00".

⁽²⁾ Claims on the exhibit are sorted in alphabetical order based on the creditor name as listed on proof of claim form.

09-50026-mg

Doc 6182-1 Filed 06/29/10 Entered 06/29/10 14:49:42 Exhibit A

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CLAIMS TO BE DISALLOWED AND EXPUNGED									
Name and Address of Claimant	С	laim # De	btor	Claim Amount and Priority (1)	Grounds For Objection	Objection Pag Reference			
HEILA A COLEMAN IISSISSIPPI WORKERS' COMPENSATION INI ELF-INSURER IUARANTY ASSOCIATION C/O A SPENCER O O BOX 13187 ACKSON, MS 39236	DIVIDUAL	Liqu	otors idation mpany		No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5			
				Unliquidated					
Claims to be Disallowed and Expunged Totals	5	\$0.00	(S)						
		\$0.00	(A)						
		\$0.00	(P)						
		\$0.00	(U)						
		\$0.00	(T)						

⁽¹⁾ In the "Claim Amount and Priority" column, (S) = secured claim, (A) = administrative expense claim, (P) = priority claim, (U) = unsecured claim and (T) = total claim. The amounts listed are taken directly from the proofs of claim, and thus replicate any mathematical errors on the proofs of claim. Where the claim amount is zero, unliquidated, unidentified, or otherwise cannot be determined, the amount listed is "0.00".